



DEPARTMENT OF SOCIAL SERVICES COUNTY OF MADERA

700 E. YOSEMITE AVENUE / MADERA, CALIFORNIA 93638
P. O. BOX 569
(559) 675-7841 PHONE / (559) 675-7603 FAX

KELLY L. WOODARD, Director

An Affirmative Action/Equal Opportunity Employer

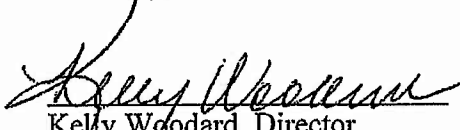
January 14, 2010


Carrie Stone, Manager
QA Monitoring Unit, CDSS, APB
744 P Street, MS 19-96
Sacramento, California

Madera County is submitting its plan to participate in the Enhanced Anti-Fraud Program. The draft plan is attached to this letter for your consideration.

The Department of Social Services and the District Attorney's Office have conferred on this plan which was approved by the Madera County Board of Supervisors on November 24, 2009.

Sincerely,


Kelly Woodard, Director
Department of Social Services

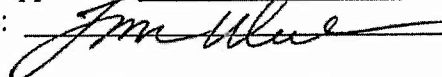

Michael Keitz
District Attorney's Office

Enclosure B

Board of Supervisor Approval

Approved on: MARCH 2, 2010, by the County Board of Supervisors

Name of Approver: TOM WHEELER, Title: CHAIRMAN OF THE BOARD OF SUPERVISORS

Signature: 

Name of County District Attorney Representative: Michael Keitz

County District Attorney Representative Telephone #: 559-675-7726

E-mail Address: MKeitz@madera-county.com

Name of County Welfare Department Representative: Kelly Woodard, Director

County Welfare Department Representative Telephone #: 559-675-7841

E-mail Address: kelly.woodard@co.madera.ca.us

Enclosure C

Introduction

The California State Budget Act of 2009 proposed funding through the California Department of Social Services (CDSS) for fraud investigations and program integrity efforts related to the In Home Supportive Services (IHSS) Program. The State's Budget Act of 2009 appropriated \$10 million of State funds for the purpose of fraud prevention, detection, referral, investigation and additional program integrity efforts related to the IHSS program.

I. IHSS Overpayments/Underpayments

Currently the Madera County Department of Social Services (MCDSS) identifies overpayments using several Quality Assurance methods as identified under section VI.

MCDSS plans to reduce the occurrence of overpayments/underpayments through the use of our IHSS provider orientations. These orientations serve as a primary fraud prevention effort, so that IHSS providers are informed regarding the rules, regulations and requirements for being an IHSS provider and the consequences of committing IHSS fraud.

MCDSS will develop policies and procedures to review, respond and resolve discrepancies that are identified through DCHS new data matches. The new DHCS data matches will be used to determine if duplicate Medi-Cal payments were issued. In those cases, overpayments will be written and a request for repayment and/or prosecution will be initiated to recoup funds.

II. Fraud Referrals/Outcomes

The County has a procedure in place to address IHSS suspected fraud. County IHSS Social Workers assess for deception or misrepresentation by the beneficiary and/or provider at the time they conduct initial assessments and reassessments/renewals. The County Social Workers refer suspected IHSS fraud cases to the California Department of Health Care Services (DHCS). Depending on the outcome of the DHCS investigation, IHSS may be required to take action to either reduce hours and/or terminate the IHSS case.

DHCS refers all substantiated fraud to the District Attorney's Office for prosecution in an effort to recoup funds. Individuals convicted as a result of these new activities will also be reported to CDSS who will assess whether the individual will be added to the Medi-Cal S&I Providers List.

III. Collaboration and Partnerships with District Attorney's Office (DAO)

Currently MCDSS has a partnership with the District Attorney's Office and a contract for investigation and prosecution of public assistance fraud. MCDSS collaborates with the DAO for DSS staff training on annual fraud prevention, which is attended by IHSS staff. This training provides staff with an awareness of the dynamics of fraud and fraud prevention. Currently MCDSS meets with the DAO quarterly on public assistance fraud and prosecution efforts. These meetings will continue and include discussions of this IHSS fraud prevention plan and its outcomes.

Although Madera is a small county, the DAO will continue to be intimately involved in IEVS and related activities through direct and consultative services. This relationship will now span into this project. MCDSS and the DAO have conferred on this plan and have determined the DAO has no new activities to contribute to this plan.

IV. Collaboration and Partnerships with California Department of Health Case Services (DHCS) and the California Department of Social Service (CDSS)

MCDSS has a working relationship with the DHCS investigators and will continue to collaborate with them on joint investigations, referrals and prosecutions. MCDSS assesses whether fraud or deception is taking place by either IHSS providers or beneficiaries. If there is suspicion of fraud, the IHSS or PA staff complete an MC-609 and attach supporting documentation and route through the Program Manager Secretary. MCDSS maintains a database to track all referrals made to DHCS. This database will be enhanced to track and report outcomes associated with this new funding for IHSS fraud prevention activities and program integrity efforts.

In addition to our current process with DHCS, MCDSS will meet with DHCS on a monthly basis to discuss referrals and the outcomes of those referrals and any refinements to the process. The periodic meetings with DHCS will provide MCDSS with the opportunity to enhance fraud prevention and detection efforts. DHCS has offered training to MCDSS staff either quarterly or as needed to assist the department in recognizing potential fraud.

DHCS refers all substantiated fraud to the District Attorney's Office for prosecution in an effort to recoup funds. Individuals convicted as a result of these new activities will also be reported to CDSS who will assess whether the individual will be added to the Medi-Cal S&I Providers List.

MCDSS will continue collaboration with CDSS in regards to monitoring reviews of IHSS case work and any subsequent error rate studies. MCDSS will comply on ACL's and ACIN's on fraud prevention and program integrity efforts issued by CDSS. MCDSS will report outcomes of the IHSS fraud prevention/program integrity to CDSS upon request and as required.

V. Mechanism for Tracking/Reporting

The department will track and report outcomes of its efforts to CDSS by August 1, 2010, using the format provided by the State.

VI. County's Current Anti-Fraud Activities

MCDSS current anti-fraud activities are outlined in our 2009/2010 IHSS QA plan. The goal of the Madera County IHSS QA/QI Program is to perform case reviews to ensure compliance with program regulations; respond to data claims matches indicating potential overpayments; implement procedures to identify third party liability; monitor the program to detect and prevent fraud; conduct joint reviews with State staff; participate in activities to insure program integrity; and track indicators of the need for program improvements.

The role of the Madera County IHSS QA/QI is to assist and support the IHSS staff of Madera County in their provision of IHSS services in a uniform and accurate manner, while monitoring program delivery to detect, prevent and report fraud. The QA worker is responsible for completing the quarterly SOC824 report. The data on the SOC 824 includes information on desk reviews, home visits, fraud prevention/detection, over/underpayment activities and critical incidents. The SOC 824 report is shared with MCDSS administration and is used by the IHSS Supervisor to address training needs of staff. Madera County has (1) FTE position for IHSS-QA.

A. IHSS Death Match

MCDSS has a procedure in place for reviewing death match reports. A quarterly report is sent to MCDSS from the State Controllers Office (SCO). The purpose of these reports is to determine whether overpayments may have been issued. A death match worksheet is prepared to report the county's findings to the SCO.

MCDSS uses the IHSS Death Match report to identify whether an overpayment may have been issued as a result of one of the following situations.

1. Payment was issued for services provided to a recipient after the recipient was reported deceased, or
2. Payment was made to a provider after the provider was reported deceased.

B. CMIPS 300+ Paid Hours Monthly Report

MCDSS has a procedure in place for review of the CMIPS 300+ Paid Hours Monthly Report. Review of this report is part of the IHSS Quality Assurance Plan to assess the quality of service and performance of the IHSS providers and to ensure fraud prevention. The following steps are used to determine if approved services were being provided:

1. Reviewing report for name of IHSS providers with payment of 300+ hours.
2. Review claimed hours reported by IHSS provider; exceeding no more than 300 hours

- per month.
3. If hours exceed 300 hours per month, conduct a review of the IHSS providers work by:
 - a. Reviewing the IHSS case file to confirm residency and/or presenting relationship(s), if any.
 - b. Contacting the client(s) of the IHSS provider to confirm hours and quality of services delivered.

If discrepancies are found, the IHSS QA worker contacts the IHSS Social Worker for further review and assessment.

C. Out of State Warrants

MCDSS has a procedure in place for review of monthly out of state warrants. Review of this report is part of the IHSS Quality Assurance Plan to assess if approved services for the period of the warrant were provided and to ensure fraud prevention. The following steps are used to determine if approved services were being provided:

1. Review report for names of IHSS providers with payment made to an out of state address.
2. Review the SOC 311 to determine the address of the IHSS provider.
3. If the IHSS provider has an out of state address, the IHSS provider's whereabouts during the pay period(s) in question must be determined by contacting:
 - a. The Social Worker assigned to the case.
 - b. The recipient.
 - c. The provider.

If the provider is found to be living out of the state and not capable of providing IHSS to the recipient then a fraud referral is made to DHCS.

VII. Proposed Anti-Fraud Activities ✕

MCDSS proposes adding a Social Worker II (SWII) to the IHSS unit. The addition of this Social Worker will result in a caseload reduction allowing IHSS staff to focus on enhanced program integrity activities. All Social Workers in the IHSS unit will conduct additional early fraud prevention home visits to IHSS recipients meeting the criteria below to ensure program integrity and prevent fraud.

- No timesheet activity for 60 days
- Calls/reports from outside sources regarding suspected recipient or provider fraud
- Untidy/Dirty Home
- Client unkempt/Dirty Clothing --
- Frequent provider changes
- Overstated needs by consumer
- Use of jail list to identify incarcerated providers
- Change in recipient household
- Recipient with few hours and multiple providers

VIII. County Proposed Budget for Utilization of Funds

See enclosed MCDSS proposed budget for utilization of funds.

IX. Description of how the County will integrate other Program Integrity Efforts within the Plan

Madera County's proposal integrates its existing Program Integrity model, the Rushmore system; along with the additional home visits and the new Provider orientation, to enhance our focus on fraud prevention.

The Rushmore system identifies error trends, training needs and program concerns. The system is used to determine if appropriate services were authorized based on the in-home assessment and that the authorized hours are within the hourly task guidelines (HTGs) with sufficient documentation to support the authorized hours. With the implementation of this plan MCDSS will need to incorporate changes to the Rushmore system to include new assessment criteria and make changes to our IHSS QA plan.

The addition of the Social Worker position will reduce caseload sizes which will allow for all of the IHSS Social Workers to conduct assessments for potential fraud that will ensure program integrity and fraud prevention. These assessments will be used in conjunction with current Program Integrity efforts and additional new State data reports to ensure early identification of any unauthorized IHSS services which could result in potential fraud and overpayments.

MCDSS in collaboration with our IHSS Public Authority has complied with the State Budget Act of 2009 by implementing the new provider enrollment requirements for all current and prospective providers to submit fingerprints and undergo a criminal background check by the California Dept. of Justice. This orientation provides information about the rules, regulations and requirements for being an IHSS provider. The providers must sign the Provider Enrollment Agreement (SOC 846) stating they understand and agree to the rules of the program and responsibilities of being a provider and are given the Important Information for Prospective Providers about the IHSS Program Provide Enrollment Process (SOC 847). The orientation includes time for providers to watch the IHSS Provider **Orientation** CD and ask questions. This CD provides **information on** services covered by IHSS including a time conversion chart for completing the time sheet, mandated reporter responsibilities; Medi-Cal Fraud and Abuse, and tips for avoiding fraud. MCDSS will utilize all lists provided by CDSS or DHCS to identify potential fraud and/or overpayments such as the new "Hospital Stay Error" list.

Upon approval by the State all of the above activities will be incorporated into our current policy and procedure guides and training provided to staff.

X. Annual Outcomes Report

The department will provide annual outcomes report by August 1st of each year, identifying required data elements including activities, data and outcomes associated with the county efforts to mitigate, prevent, detect, investigate and prosecute IHSS fraud during the previous fiscal year.

XI. Summary

MCDSS is looking forward to the opportunity to increase program integrity efforts in our IHSS program. Please accept our plan for enhanced program integrity and know that Madera County is prepared to implement this plan within sixty (60) days following funding, with a target date of January 1, 2010.

Enclosure D

Overpayments identified by County QA:

	04/05	05/06	06/07	07/08	08/09
Total Amount	0	0	0	0	\$237.11
Number of Instances	0	0	0	0	1
Provider	0	0	0	0	1
Recipient	0	0	0	0	0
County Error	0	0	0	0	0
Unknown	0	0	0	0	0
Other	0	0	0	0	0

Underpayments identified by County QA: **NONE**

Fraud Referrals/Outcomes:

	04/05	05/06	06/07	07/08	08/09
Number of Referrals to DHCS	1	4	0	2	1
Number handled locally by DA	0	0	0	0	0
Number of Convictions	0	0	0	0	0
Court order restitution	0	0	0	0	0
Amount of funds involved in the convictions	0	0	0	0	0
Amount of funds recovered	0	0	0	0	0

Amount of funds pending recovery	0	0	0	0	\$237.11
Basis for the conviction	0	0	0	0	0
Recipient	1	1	0	1	1
Provider	0	3	0	1	0
County Staff	0	0	0	0	0
Other	0	0	0	0	0
Unknown	0	0	0	0	0

Utilization of County DA for Fraud: **NONE**

Budget Justification
Madera County's Fraud Funding Plan for FY 2009-10

Budget Section	Total
A. Personnel Costs (includes employee benefits)	\$ 72,118
B. Operating Expenses	\$
C. Equipment Expenses	\$
D. Travel/Per Diem and Training	\$
E. Subcontracts and Consultants	\$
F. Other Costs	\$
G. Indirect Expenses	\$
Total Expenses	\$ 72,118

A. Personnel Costs (including employee benefits)	Total Budget
Title: Social Worker II Salary Calculation: \$114,379.20 (Fully Loaded) - 42,261.20 less allocation Duties Description: Conduct unannounced home visits and focus on fraud prevention activities listed in plan.	\$ 72,118
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Title: Salary Calculation: Duties Description:	\$
Total Personnel Costs:	\$ 72,118

E. Subcontracts and Consultants		Total Budget
Title:		\$
Description:		
Title:		\$
Description:		
Title:		\$
Description:		
Total Subcontracts and Consultants:		\$

F. Other Costs		Total Budget
Title:		\$
Description:		
Title:		\$
Description:		
Title:		\$
Description:		
Title:		\$
Description:		
Title:		\$
Description:		
Total Other Costs:		\$

G. Indirect Expenses		Total Budget
Title:		\$
Description:		
Title:		\$
Description:		
Total Other Costs:		\$

Enclosure B
Page Two

CHECKLIST OF REQUIRED COMPONENTS TO BE INCLUDED IN THE PLAN

NOTE: Failure to include any of the following required components in the Plan, as outlined in Enclosure C, may result in non-award of funds:

- ☒ **IHSS Overpayments/Underpayments Activities and Data**
- ☒ **IHSS Fraud Referrals/Outcomes Activities and Data**
- ☒ **Collaboration and Partnerships with District Attorney's Office (DAO) related to the IHSS Program**
- ☒ **County Collaboration and Partnerships with California Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) related to the IHSS Program**
- ☒ **Mechanism for Tracking/Reporting IHSS Fraud Data and Activities**
- ☒ **County's Current and Proposed Anti-Fraud Activities related to the IHSS Program**
- ☒ **County Proposed Budget for Utilization of Funds (use Enclosure A as a guideline) Description of how the County will integrate other Program Integrity Efforts into the Plan**
- ☒ **Commitment to produce an Annual Outcomes Report (due August 1 of each year)**
- ☒ **Data Reporting Spreadsheet (Enclosure D - includes data from 2004 to present)**